Atty Docket No. 46354.010200

	:	IN THE UNITED STATES PA	STENT AND TRADEMIARK		
	In re applica	ation of:	:	RECEIVED CENTRAL FAX CENTER	
	KEECH, W	inston Donald	: Group Art Unit: 2135	NOV 2 8 2005	
	Serial No.:	09/663,281	: Examiner: SON, Lin	h L. D.	
	Filed: Septe	ember 15, 2000	:		
	For: Embed	ded Synchronous Random Dis	posable Code Identification	Method and System	
		RESPONS	E TRANSMITTAL	ŗ	
				Total Pages: 21	
	MAIL STOR	PAF	CERTIFICATIO		
		ner for Patents			
	P.O. Box 14	50	I hereby certify that this correspondence is facsimile transmission to the United States	Patent and Trademark	
	Alexandria,	VA 22313-1450	Office at facsimile number (571) 273-830	on November 28, 2005.	
			by Yaul of	Rahar	
	Sir:		Paul R. Mahan		
	outstanding:	smitted herewith is a Respon final Office Action mailed on Ju			
	2. Addi	tional papers enclosed:			
		Drawings:	rrections) Informal		
		Supplemental Information Dis	1449)		
			ting." Computer readable copy		
		pertaining thereto for biotech			
		amino acid sequence.	g, g		
		Change Of Correspondence A	ddress		
	×	Notice of Appeal (in duplicate			
	X	· · · -	-Appeal Brief Request for Review		
	X				
	_		ith Pre-Appeal Brief Request	for Review	
		ENSION OF TIME			
		proceedings herein are for a p	atent application and the pro	visions of 37 C.F.R.	
	§ 1.136(a) ap	oply.		·	
		Applicant believes that no externation is being made to inadvertently overlooked the notation.	provide for the possibility	that Applicant has	
11/29/2005 HDE	EMESS1 00000051 S		-	!	
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AT LOSEFRY	0444 811				

PAGE 1/21 * RCVD AT 11/28/2005 5:55:32 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/32 * DNIS:2738300 * CSID:703 749 1301 * DURATION (mm-ss):10-30

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× Applicant petitions for an extension of time, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

Total Months	Fee for	Fee for Small
Requested	<u>Extension</u>	<u>Entity</u>
[X] one month	\$120.00	\$ 60.00
[] two months	\$450.00	\$225.00
three months	\$1,020.00	\$510.00
[] four months	\$1,590.00	\$795.00

- Extension of time fee due with this request: \$60.00.
- × If an extension of time is required, please consider this a Petition therefor.
- An extension for ___ months has already been secured and the fee paid therefor of \$ is deduced from the total fee due for the total months of extension now requested.

FEE CALCULATION 4.

	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	AT Rate Of	Total Fees
Total Claims	23	Minus	20	0	x \$50.00 each =	+\$ 00.00
Independent Claims	4	Minus	4	0	x \$100.00 each =	+\$ 00.00
First presentation of multiple dependent claim(s)					\$ 180.00	+\$ 00.00
SUB-TOTAL =					P. Division of the Control of the Co	\$ 00.00
TOTAL FEE =					-	\$ 00.00

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5.	Fee Pa	yment				
		No Fee is to be paid at this time.				
		A check for \$00.00 to cover the extension fees is enclosed.				
	x	The Commissioner is hereby authorized to charge the \$250.00 Notice of Appeal fee				
		and the \$60.00 One-Month Extension of Time fee to Deposit Account No. 50-0653.				
	×	The Commissioner is further authorized to charge any additional fees associated				
		with this paper, or credit any overpayment to Deposit Account No. 50-0653.				
Date:_		Respectfully submitted By: James E. Goepel Registration No. 5(1,851 Telephone No. (703) 903-7536 Facsimile No. (703) 749-1301				
		ce Address: TRAURIG LLP				
		Boulevard				
Suite 1						
McLea	m, VA 2	22102				
Custor	ner No.	22191				

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